Grant and Per Diem Program

VHA Homeless Programs

CPR Guidance for Out-Of-Hospital Settings

What is the guidance for GPD grantees and/or HCHV CRS providers regarding doing CPR during the pandemic?

The American Heart Association (AHA) develops all algorithms and guidance related to resuscitation, including BLS and ACLS courses. They published <u>Interim Guidance for Basic and Advanced Life Support in Adults, Children, and Neonates with Suspected or Confirmed COVID-19</u> in their journal *Circulation* in June 2020 to help address the safety needs of both the rescuers and patients while providing resuscitation. This guidance includes considerations for resuscitation in patients suspected or confirmed with COVID-19 that is applicable to the lay rescuer performing CPR in the out-of-hospital setting (e.g., GPD grantees and HCHV CRS providers) rather than in-hospital setting.

Guidance directly states:

Lay rescuers should perform at least hands-only CPR after recognition of a cardiac arrest event, if willing and able, especially if they are household members who have been exposed to the patient at home. A face mask or cloth covering the mouth and nose of the rescuer and/or patient may reduce the risk of transmission to a non-household bystander. Because defibrillation is not expected to be a highly aerosolizing procedure, lay rescuers should use an automated external defibrillator, if available, to assess and treat patients with out-of-hospital cardiac arrest.

Based on the AHA guidance, recommendations for out-of-hospital CPR include:

- 1. Wear face mask or cloth covering (both rescuer and patient if possible)
- 2. Don additional PPE when available (e.g., gloves, face shield/eye protection, gown)
- 3. Perform hands-only CPR if willing and able
- 4. Use an AED when available

Of note, nowhere in the AHA guidance does it explicitly state to **not** provide the rescue breathing portion (i.e., mouth-to-mouth) of out-of-hospital CPR, but rather focuses on giving high-quality chest compressions and the use of an AED for early defibrillation when available, to reduce the chance of disease transmission during resuscitation efforts. Historically, hands-only CPR has been shown to be as effective as CPR with breaths in the first few minutes of an out-of-hospital sudden cardiac arrest for an adult. This new AHA interim guidance works to address the challenges of providing resuscitation during the COVID-19 pandemic, with a goal of ensuring the best chance possible to those experiencing cardiac arrest outside the hospital without compromising the safety of lay rescuers.

ADDITIONAL GUIDANCE

Please email the GPD National Program Office at gpdgrants@va.gov with questions.